

Evaluator _____

NMP for _____

Location Lat/ Long _____

Plan written by _____

Review Date _____

Verification is for the previous 12 months of the plan

1. Is a DCR approval letter available? Yes No
2. What is the plan expiration date listed on the approval letter? _____ Current Expired
3. What is the total fertilized acreage of the plan? _____
4. Who makes fertilizer applications to the management areas listed in the plan? Operator Contractor
Contractor name if applicable _____
5. Does the operator and/ or contractor have a fertilizer application recordkeeping system in place? Yes No
6. Was this plan written based on < 3 year old soil samples? Yes No
If not, list the management areas and the corresponding acres _____

7. Is spreading equipment calibrated at least once per year? Yes No Date _____

Records Review

1. Do recorded fertilizer application rates and timing correlate with plan recommendations?
Yes No Justifiable Deviation
2. Does the fertilized acreage match the acreage written in the plan? Yes No
3. Is phosphorus applied based on soil test results? Yes No
4. Are annual applications of nitrogen and phosphorus equal to or less than the rates set forth in the plan?
Yes No

Additional observations to include any implementation issues for the operator/ contractor and/or discussion of any observed deviations from the plan. Please continue on reverse of page if needed.

Area in compliance is equal to the total fertilized acreage minus the acreage of any management area with deviations

Management Area Acres IN Compliance		Management Area Acres OUT of Compliance	
--	--	--	--